

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	97112.3036
First Inventor	John O. Marsden
Title	Method Improving Metals Recovery Using High Temp
Express Mail Label No.	EV325941440US

**APPLICATION ELEMENTS**

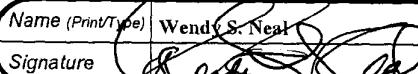
See MPEP chapter 600 concerning utility patent application contents.

- |   |   |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table oComputer Program (Appendix)   |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)   |
| 3. <input checked="" type="checkbox"/> Specification <i>[Total Pages</i> <b>24</b> ]<br>(preferred arrangement set forth below)   | a. <input type="checkbox"/> Computer Readable Form (CRF)  |
| - Descriptive title of the invention  | b. Specification Sequence Listing on:   |
| - Cross Reference to Related Applications   | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   |
| - Statement Regarding Fed sponsored R & D   | ii. <input type="checkbox"/> Paper  |
| - Reference to sequence listing, a table, or a computer program listing appendix  | c. <input type="checkbox"/> Statements verifying identity of above copies   |
| - Background of the Invention   |   |
| - Brief Summary of the Invention  |   |
| - Brief Description of the Drawings ( <i>if filed</i> )   |   |
| - Detailed Description  |   |
| - Claim(s)  |   |
| - Abstract of the Disclosure  |   |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>[Total Sheets</i> <b>2</b> ]   | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 5. Oath or Declaration <i>[Total Pages</i> <b>8</b> ]   | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney           |
| a. <input type="checkbox"/> Newly executed (original or copy)   | 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )  |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)  | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations                 |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).       | 13. <input type="checkbox"/> Preliminary Amendment  |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  | 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>                                   |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>                                |
| <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>09/912,967</b>  | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| Prior application information: Examiner <b>ANDREWS, MELVYN J.</b> Group / Art Unit: <b>10238,088</b>  | 17. <input type="checkbox"/> Other:   |

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/>	Customer Number:	20322	or	<input type="checkbox"/> Correspondence address below	
Name	Wendy S. Neal SNELL & WILMER, LLP				
Address	One Arizona Center 400 East Van Buren				
City	Phoenix	State	Arizona	Zip Code	859994-2202
Country	USA	Telephone	(602) 382-6334	Fax	

Name (Print/Type)	Wendy S. Neal	Registration No. (Attorney/Agent)	45,615
Signature			

Date August 27, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

03917 U.S. PTO  
10/650167  
08/27/03

08/27/03  
17691 U.S. PTO

PTO/SB/17 (5-03)

Approved for use through 04/30/2003. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**\$768.00**

## Compl t if Known

Application Number	TBA
Filing Date	August 27, 2003
First Named Inventor	John O. Marsden
Examiner Name	TBA
Group Art Unit	TBA
Attorney Docket No.	97112.3036

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:Deposit Account Number **19-2814**Deposit Account Name **Snell & Wilmer**

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
Total Claims <b>21</b>	-20** = <b>1</b> X <b>18.00</b> = <b>18.00</b>		
Independent Claims <b>2</b>	-3** = <b>0</b> X <b>0.00</b> = <b>0.00</b>		
Multiple Dependent			
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)	(\$)	<b>\$750.00</b>	
Extra Claims	Fee from below	Fee Paid	
Total Claims <b>21</b>	-20** = <b>1</b> X <b>18.00</b> = <b>18.00</b>		
Independent Claims <b>2</b>	-3** = <b>0</b> X <b>0.00</b> = <b>0.00</b>		
Multiple Dependent			
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)	(\$)	<b>\$18.00</b>	
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)
Complete (if applicable)			

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Wentley S. Neal	Registration No. (Attorney/Agent)	45,615	Telephone	(602) 382-6334
Signature		Date	August 27, 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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